

STATEMENT OF ECONOMIC INTERESTS

Date Received
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COVER PAGE

MAR 7 2011

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Vargas Juan C

1. Office, Agency, or Court

Agency Name

State Legislature

Division, Board, Department, District, if applicable

Your Position

State Senate

Senator

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is _____, through December 31, 2010.

☐ Leaving Office: Date Left _____
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date _____

☐ The period covered is _____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is a

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/1/11
(month, day, year)

Signature

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name _____

► STREET ADDRESS OR PRECISE LOCATION
1133 39th Street

CITY
Sacramento, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000 _____/_____/10 _____/_____/10
☐ \$10,001 - \$100,000 ACQUIRED DISPOSED
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
Nielsen Property Managers, 2530 I Street,
Sacramento, CA 95816 (916) 446-2898

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000 _____/_____/10 _____/_____/10
☐ \$10,001 - \$100,000 ACQUIRED DISPOSED
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
JP Morgan/Chase

ADDRESS (Business Address Acceptable)
1950 Arden Way, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF LENDER
Financial Lending Service

INTEREST RATE TERM (Months/Years)
4.75 % ☐ None 360 mos.

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
_____ % ☐ None _____

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

California State Legislature

ADDRESS (Business Address Acceptable)

California State Capitol, Room 3092

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Legislator

YOUR BUSINESS POSITION

Senator

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

San Diego Foundation

ADDRESS (Business Address Acceptable)

2508 Historic Decatur Rd, #200, San Diego, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Community Foundation

YOUR BUSINESS POSITION

Vice President, Charitable Giving

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address _____
City _____

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Juan C. Vargas

► NAME OF SOURCE
CA Independent Voter Project
ADDRESS (Business Address Acceptable)
2350 Kerner Blvd., #250, San Rafael, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Policy Information Network

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 14 / 10</u>	\$ <u>96.50</u>	<u>Reception</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
CA Independent Voter Project
ADDRESS (Business Address Acceptable)
2350 Kerner Blvd., #250, San Rafael, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Policy Information Network

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 16 / 10</u>	\$ <u>165</u>	<u>Dinner</u>
<u>11 / 16 / 10</u>	\$ <u>89</u>	<u>Reception</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
Assoc. of CA Life and Health Insurance Companies
ADDRESS (Business Address Acceptable)
1201 K Street, 1820, Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 24 / 10</u>	\$ <u>109</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
Miller Coors LLC
ADDRESS (Business Address Acceptable)
411 E Wisconsin Ave, Milwaukee, Wis.
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Beverage Distributor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 25 / 10</u>	\$ <u>72.80</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
CA Healthcare Institute
ADDRESS (Business Address Acceptable)
888 Prospect St., #220, La Jolla, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Research and Advocacy Institute

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 8 / 10</u>	\$ <u>213.65</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
Roll International Corporation
ADDRESS (Business Address Acceptable)
11144 Olympic Blvd., Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agriculture Distributors

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 15 / 10</u>	\$ <u>12</u>	<u>Gift Box of Fruit</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: continue to next page

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Juan C. Vargas

► NAME OF SOURCE
California Labor Federation

ADDRESS (Business Address Acceptable)
1127 11th St., #425, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 6 / 10	\$ 16.44	Reception
/ /	\$	
/ /	\$	

► NAME OF SOURCE
California Democratic Party

ADDRESS (Business Address Acceptable)
1401 21st Street, #200, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 5 / 10	\$ 170.57	Dinner at Biba's
/ /	\$	
/ /	\$	

► NAME OF SOURCE
AT & T

ADDRESS (Business Address Acceptable)
1215 K Street, #1800, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Telecommunications

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 27 / 10	\$ 344	Ticket to World Series
/ /	\$	Game 1
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Juan C. Vargas

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

► NAME OF SOURCE

CA Independent Voter Project

ADDRESS (Business Address Acceptable)

2350 Kerner Blvd., #250

CITY AND STATE

San Rafael, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

Policy Information Network

DATE(S): 11 / 14 / 10 - 11 / 19 / 10 AMT: \$ 1500
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Hotel accommodations (panelist at CAIVP Conference in Hawaii)

► NAME OF SOURCE

CA Independent Voter Project

ADDRESS (Business Address Acceptable)

2350 Kerner Blvd., #250

CITY AND STATE

San Rafael, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

Policy Information Network

DATE(S): 11 / 14 / 10 - 11 / 19 / 10 AMT: \$ 397
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Airfare (panelist at CAIVP Conference in Hawaii)

► NAME OF SOURCE

Association of CA Life and Health Insurance Comp.

ADDRESS (Business Address Acceptable)

1201 K Street, #1820

CITY AND STATE

Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Professional Association

DATE(S): 9 / 22 / 10 - 9 / 24 / 10 AMT: \$ 1007
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Lodging and Travel (presentation at ACHLIC Roundtable in Pebble Beach)

► NAME OF SOURCE

CA Correctional Peace Officers Association

ADDRESS (Business Address Acceptable)

755 Riverpoint Drive

CITY AND STATE

West Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Professional Association

DATE(S): 12 / 1 / 10 - 12 / 1 / 10 AMT: \$ 395.40
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: Roundtrip airfare (Present at a CCPOA meeting in West Sacramento)

Comments: Continued on next page

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Juan C. Vargas</u>

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ NAME OF SOURCE <u>American Council of Life Insurers</u>	
ADDRESS (Business Address Acceptable) <u>1301 Constitutional Ave., NW</u>	
CITY AND STATE <u>Washington, DC</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Professional Association</u>	<input type="checkbox"/> 501 (c)(3)
DATE(S): <u>10 / 16 / 10 - 10 / 18 / 10</u> AMT: \$ <u>264</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>Hotel accommodations (panelist at ACLI Conference in Baltimore, MD)</u>	

▶ NAME OF SOURCE <u>Personal Insurance Federation of CA</u>	
ADDRESS (Business Address Acceptable) <u>1201 K Street, #1220</u>	
CITY AND STATE <u>Sacramento, CA 95814</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Professional Association</u>	<input type="checkbox"/> 501 (c)(3)
DATE(S): <u>10 / 14 / 10 - 10 / 15 / 10</u> AMT: \$ <u>839.72</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>Travel and lodging (guest speaker at PIFC Annual Planning Retreat)</u>	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	

Comments: _____



RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

11 JUN -7 AM 11:10

SCHEDULE B

Interests in Real Property

(Including Rental Income)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► STREET ADDRESS OR PRECISE LOCATION
1133 39th Street
CITY
Sacramento, CA

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED _____/____/10 DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
Bill Nunes and Lisa Braun

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
JP Morgan/Chase
ADDRESS (Business Address Acceptable)
1905 Arden Way, Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF LENDER
Financial Lending Services

INTEREST RATE
4.75 % ☐ None TERM (Months/Years)
360 mos

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

► STREET ADDRESS OR PRECISE LOCATION
CITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED _____/____/10 DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Comments: _____

Verification

Print Name Juan Vargas

Office, Agency or Court State Senate

Statement Type ☒ 2010/2011 Annual ☐ Assuming ☐ Leaving
☐ _____ Annual ☐ Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 6/1/11 (yr)
Signature 